



**Indiana
Professional
Licensing
Agency**

Behavioral Health and Human Services Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2054
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Behavioral Health and Human Services CE Sponsor Renewal Form

To renew, please print and complete this form in its entirety and submit it with the renewal fee of \$50.00 to the office address shown in the above right corner. **If your license, submit the late renewal fee of \$100.00 with this form.**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date 4/4/2012	Renewal Fee \$50.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

Program Information		
List program title(s), program date(s) and number of CE hours granted for each program conducted since last renewal.		
PROGRAM TITLE	DATE	CE HOURS
1)		
2)		
3)		
4)		
5)		
6)		
7)		

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Officer of Corporation	Date (month, day, year)

Please submit a letter with the completed renewal form and fee if any of the following have occurred since your organization was granted approval, or since your last renewal:

- The name of the organization has changed (include date of name change).
- The name of the contact person within the organization has changed.
- If your organization has been approved to provide continuing education by any other state licensing boards or any national organizations (include date of approval).

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date